

| | | | | | | |
|---|--|---|----------------------|--|----------------------|------------|
| AO 435 (Rev. 04/11) | | Administrative Office of the United States Courts | | | FOR COURT USE ONLY | |
| TRANSCRIPT ORDER | | | | | | DUE DATE: |
| <i>Please Read Instructions:</i> | | | | | | |
| 1. NAME MARIA MARI-NARVÁEZ | | 2. PHONE NUMBER (787) 622-1123 | | 3. DATE 9/6/2016 | | |
| 4. MAILING ADDRESS P.O. BOX 9024270 | | 5. CITY SAN JUAN | | 6. STATE PR | 7. ZIP CODE 00902 | |
| 8. CASE NUMBER 12-2039 | | 9. JUDGE <i>Gustavo A. Gelpí</i> | | DATES OF PROCEEDINGS | | |
| 12. CASE NAME <i>USA vs. Commonwealth of Puerto Rico</i> | | | | 10. FROM 9/1/2016 | 11. TO 9/2/2016 | |
| | | | | LOCATION OF PROCEEDINGS | | |
| | | 13. CITY MAYAGUEZ | | 14. STATE PR | | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input checked="" type="checkbox"/> OTHER Public Hearings | | | | | | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | | DATE(S) |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy) | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> SENTENCING | | | | Police Reform Hearings | | 09/01/2016 |
| <input type="checkbox"/> BAIL HEARING | | | | Police Reform Hearings | | 09/02/2016 |
| 17. ORDER | | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS | |
| ORDINARY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| 14-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| EXPEDITED | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 | |
| 18. SIGNATURE <i>Mark Mairi</i> | | | | PROCESSED BY | | |
| 19. DATE <i>September - 8 - 2016</i> | | | | PHONE NUMBER | | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | | |
| ORDER RECEIVED | | DATE | BY | | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 | |

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY